

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31, 1999.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

#491  
Lobbyist's Registration Number

## FOR OFFICE USE ONLY

Postmark Date: 3/14/99

Reg 1990721

V# 3140  
\$1000  
KSD

1. NAME BADST JAMES A.  
Last First MI
2. BUSINESS PHONE (504) 566-1805  
Area Code and Phone Number
3. BUSINESS ADDRESS 601 Poydras St. #2750 New Orleans, LA 70130  
Street and No. City State Zip
4. EMPLOYER Self
5. EMPLOYER'S ADDRESS see above  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name Civil Justice Reform Group  
Address c/o Beth Picou, TEXACO, 400 Poydras St., New Orleans, LA 70130  
Business or purpose Business association formed to reform and improve civil liability systems.  
Does this person pay you? yes  
If No, who pays you? N/A
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

1491
Lobbyist's Registration Number

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of Louisiana

Parish of Orleans

Before me, the undersigned authority, personally came and appeared James A. Babst, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

James A. Babst  
Signature of Lobbyist

Sworn to and subscribed before me on this March day of 1999

Thompson  
Notary Public

Rev. 8/97

